

ERIE COUNTY PROBATION DEPARTMENT
One Niagara Plaza
Buffalo, New York 14202

Attention: Ellen Balthasar (716-858-8076)

SCHOOL DISTRICT REFERRAL FOR PINS DIVERSION SERVICES

Family Court Record Room_____
Probation Record Room _____
PINS Officer_____
Action Taken at Intake_____

Please complete all sections as indicated

STUDENT'S LAST NAME_____ **FIRST NAME**_____ **M.I.**_____
ADDRESS_____ **ZIP CODE**_____
BIRTH DATE_____ **Male**____ **Female**____ **CURRENT GRADE**_____

FATHER'S NAME & ADDRESS		MOTHER'S NAME AND ADDRESS	
Zip Code		Zip Code	
Home Phone	Work Phone	Home Phone	Work Phone

Child's household includes: **Mother** **Father** **Stepmother** **Stepfather**
Other:_____

Has child been referred to school psychologist? **Yes** **No** **If yes, give date**_____

Is child receiving special education services? **Yes** **No** **If yes, give classification and date of re-evaluation of program or nexus hearing prior to child's referral**

If no re-evaluation or nexus has been held, please explain why not

REASON FOR PINS REFERRAL

HOW CAN THE DIVERSION PROGRAM ASSIST THE SCHOOL TO RESOLVE THIS MATTER?

REPORT OF PARENT CONFERENCES**DATE(s)****IN ATTENDANCE****DISPOSITION****REPORT ON HOME VISITS****DATE(s)****IN ATTENDANCE****DISPOSITION****REFERRALS TO OUTSIDE AGENCIES****DATE(s)****AGENCY****RESULTS**

**What strategies have been implemented by the school to resolve this problem?
Please indicate why you feel they have not been successful**

Is attendance record attached?	Yes	No	Comment
Is discipline record attached?	Yes	No	Comment
Is copy of report card attached?	Yes	No	Comment

School District
School

District Contact Person
Address

Phone

List of available times for district representative to appear for interview:

Signature
Date